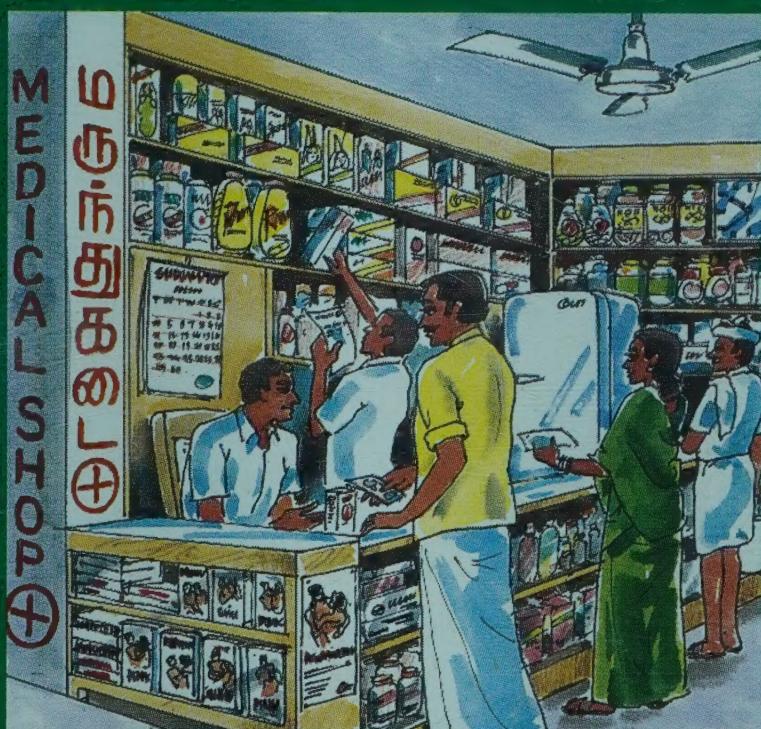


# QUALITY STD CARE

## TRAINING MODULE



FOR PHARMACISTS,  
DRUGGISTS & CHEMISTS



APAC project is administered by Voluntary Health Services, Chennai with financial assistance from United States Agency for International Development under bilateral agreement with the Government of India.



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# **TRAINING MODULE**

## **For Pharmacists, Druggists & Chemists**

**October 1997**

**AIDS Prevention And Control Project**  
**Voluntary Health Services**

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# CONTENTS

	Page
<b>Foreword</b>	4
<b>Introduction</b>	5
<i>Sub-Module 1</i>	<b>Why Pharmacist Training</b> 7
<i>Sub-Module 2</i>	<b>Why Focus on STD</b> 10
<i>Sub-Module 3</i>	<b>STD Syndromes</b> 20
<i>Sub-Module 4</i>	<b>Pharmacist's Role in Rendering STD Care</b> 25
<i>Sub-Module 5</i>	<b>Condom Promotion</b> 32

## **FOREWORD**

The HIV/AIDS epidemic which is threatening the world has now invaded India and is wide-spread in most of the States. The epidemic has seriously affected the State of Tamil Nadu. To control the spread of HIV/AIDS infection, the AIDS Prevention And Control Project of Voluntary Health Services has initiated multipronged interventions of which prevention and control of Sexually Transmitted Diseases forms an integral part.

A wide network of Health Care Providers of Allopathic and other systems of medicine treats STD conditions in Tamil Nadu. Even so, it is important to note that the Druggists, Chemists and Pharmacists in private sector have a key role to play in offering STD Health Care. They are the first point of contact of the STD Health Care seekers in several cases. Therefore, it becomes imperative that they should be trained and motivated to get involved in the STD control programme in the State.

As a first step, the present module is developed to train and motivate Druggists, Chemists and Pharmacists to participate in early detection, referral and prevention of STD. Management Development Associates, Chennai, with their vast experience of working in health field have rendered their expertise and have successfully developed this module. This initiative is one of the important actions taken in the direction of prevention and control of STD conditions. I request the voluntary organizations and others working in the area of HIV/AIDS to use this module and actively participate in the STD control programme. Your suggestions in this regard are most welcome.

**Dr. N.S. Murali**

Hony. Secretary

Voluntary Health Services, Chennai.

# INTRODUCTION

## **The Module**

The Training Module is designed as a standardised training aid for motivating pharmacists, druggists and chemists to play a positive role in facilitating provision of quality care services for Sexually Transmitted Diseases (STD).

The trainees addressed include not only qualified pharmacists, who own and manage their drug stores, but also pharmacists who are employed as well as owners and managers of drug stores without formal pharmacy qualification but have years of experience in handling medicines.

The objective is to strengthen the existing knowledge base of this category of key players on Quality STD Care to enable them to render appropriate services to their customers. With upgraded skill, the pharmacists, druggists and chemists will be in a position to play a vital role in STD prevention and control efforts and through these efforts at control of Human Immunodeficiency Virus (HIV) infection and the disease Acquired Immuno Deficiency Syndrome (AIDS).

The areas envisioned for effective intervention by the pharmacists, druggists and chemists in STD care are essentially referral, counselling and education and not treatment. Hence STD treatment protocols are not profiled in the Module. Information is, however, provided on STD syndromes to upgrade their knowledge on current trend in STD diagnosis.

## **Stages of development**

An assessment of the ground situation on awareness levels on different aspects of STD care among the pharmacists, druggists and chemists was the first step in developing the Training Module. A Needs Assessment exercise was organised for this purpose among a

sample of pharmacists, druggists and chemists as also their customers in different parts of Tamil Nadu.

Based on the information collected on the knowledge levels, and the training needs, of this category of facilitators in STD care, the Module was developed in consultation with Dr. Krishnamurthy and Dr. Vijaya Srinivasan of APAC. The Draft Module was discussed with Dr. Irving Hoffman, STD expert of Family Health International, Washington, and modified in the light of these discussions.

The revised version of the Module along with the Facilitator's Guide and the transparencies for the training sessions was discussed at an Experts' Meet. The experts who participated in the meeting were:

- Mr. V. Muthukrishnan, Deputy Director, Drugs Control Administration, Government of Tamil Nadu, Chennai
- Dr. Raviraj Williams, Director, CCOORR, Thiruninravur
- Mr. V. Rajappa, Sun Pharmaceuticals, Chennai
- Dr. P. Krishnamurthy, Project Director, APAC
- Dr. Vijaya Srinivasan, Asst. Director, APAC

The Module and the Facilitator's Guide with the transparencies were suitably modified in the light of the suggestions made by the experts.

A pilot training workshop was then organised with the revised Module and the training aids with a group of pharmacists, druggists and chemists drawn from different parts of Chennai with the objective of pre-testing the Module and the training aids developed. The participants were exposed to the content of the Module through transparencies developed for this purpose.

Based on the experience of the pilot training workshop, the Training Module and the Facilitator's Guide were suitably modified and then finalised.

The Module has five sub-modules each giving a vivid description on why pharmacists' training is organised, why focus is on STD, what are the STD syndromes, what is the role of the pharmacists in rendering STD care and why condom promotion is important.

## *Sub-Module 1*

### **WHY PHARMACIST TRAINING**

#### **Why this training**

AIDS is becoming an important public health concern in India, with the rising trend of HIV infection among the population. Sexual intercourse is the major mode of transmission of HIV, accounting for 73% of the infections.

AIDS has no cure and persons diagnosed as having AIDS eventually die, the survival period depending on a variety of factors. The focus has therefore to be on prevention and AIDS control.

There are strong linkages between AIDS and Sexually Transmitted Diseases (STD), as STD is a fertile platform for AIDS. In view of the strong association between presence of STD and occurrence of HIV infection, control and prevention of STD occupies the centre stage in AIDS prevention efforts.

A Needs Assessment study organised recently among pharmacists, druggists and chemists and their customers, in different parts of Tamil Nadu, has revealed:

- A high prevalence of self-medication
- Lack of standardisation in STD care
- Insufficient awareness among the pharmacists on the linkages between STD and AIDS
- Inhibition among patients in seeking STD treatment from specialised facilities due to stigmatising effect
- Low condom usage by STD patients known to pharmacists

The counselling efforts on the part of the pharmacists, druggists and chemists on different aspects of STD care appear minimal.

It is in this backdrop that the present training regimen is designed.

### **Why focus on pharmacists**

The cornerstone of successful STD control is early diagnosis and effective care of STD cases coupled with interventions aimed at inducing a behavioural change in the population. Strengthening of STD care and provision of quality services at different points of patient encounter assume importance in this context.

STD care seeking behaviour is currently characterised by patients who are:

- Not seeking treatment due to inadequate awareness of signs and symptoms
- Or seeking treatment outside the formal health sector, due to lack of knowledge of available facilities, poor accessibility or the stigmatising effect

In view of this, the pharmacists are the point of first contact in many cases as:

- They are relatively more accessible
- The patients feel more comfortable with them
- The environment is non-stigmatised

Since the pharmacists are likely to be the STD patients' first point of contact their knowledge and skill on STD identification, advice on care and prevention as also patient education, need strengthening. Properly equipped, the pharmacists can become

- Effective change agents influencing the care seeking behaviour of the population

Hence a training programme is proposed for the pharmacists to help them update their knowledge on various aspects of STD/HIV/AIDS and enable them deliver appropriate services to their customers.

The areas addressed in the training sessions are:

- HIV/AIDS - global and Indian scenario
- STD situation and the consequences
- Linkage between STD and AIDS
- Importance of STD prevention and control
- STD syndromes
- Role of pharmacists in STD prevention and control
- Condom promotion

## Sub-Module 2

### WHY FOCUS ON STD

#### AIDS scenario

The HIV/AIDS disease which started in 1981 has had an intensive spread since then. Most of the infected persons have started developing AIDS during the 1990s given the average incubation period of the virus. Initially recognised in homosexual men, it has since been observed to spread through heterosexual persons also.

Women appear relatively more vulnerable than men; male to female transmission is reportedly 2 to 4 times more efficient than female to male. The risk of transmission of HIV to the babies from HIV infected mothers is around 30%.

The available data reveal that:

- 22.6 million adults and children are HIV infected in the world, by early 1997
- 90% of such HIV infections are in developing nations
- 6.4 million deaths due to AIDS are reported till November 1996
- 2.6 million children under 15 are HIV infected, of whom 1.4 million are dead, since 1980s

It will appear that the impact of the AIDS epidemic in terms of mortality is only just beginning, bringing to focus the need for effective prevention and control.

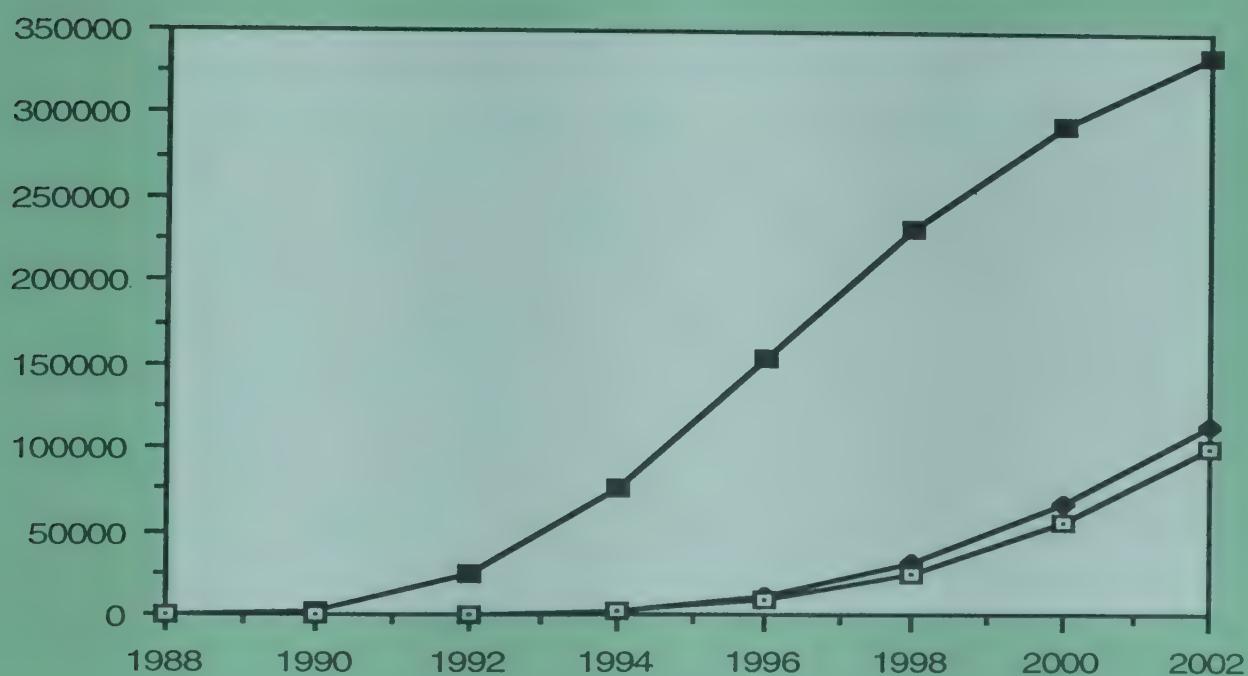
India appears to have witnessed a sharp increase in HIV infection, from a few thousands in the late 1980s to 2.5 million by 1997. Against a population of close to 970 million,

the prevalence of HIV is about 0.3%, but the trend is reportedly upward. HIV infection is unevenly distributed between different parts of the country.

The HIV/AIDS scenario in India is:

- 3167 cases of AIDS are reported till December 1996
  - 50% of the cases in Maharashtra and 22% in Tamil Nadu
- Majority of the affected persons are aged 15 to 44 years
- 1.5 lakh HIV infected persons are reported in Tamil Nadu and many of these may start dying by year 2002
- STD patients and truckers reveal rising HIV positivity status
- A sero-prevalence of close to 9% is reported among truck drivers in Tamil Nadu

**Tamil Nadu – AIDS Scene (Estimated)**



		1988	1990	1992	1994	1996	1998	2000	2002
HIV	■	43	3014	23721	76589	153566	232141	294996	337108
AIDS	◆	0	7	243	2362	10793	30968	65781	113474
DEATHS	●	0	4	147	1608	8111	25053	56158	100897

## **Sexually Transmitted Diseases (STD) scenario**

An overall prevalence of 7.4% of any STD condition is reported among selected population in urban and rural areas of Tamil Nadu, according to a WHO baseline prevalence data on STD. The STD scene in Tamil Nadu is:

- 8.2 lakh episodes of STD estimated in Tamil Nadu, in 1996
- Only 10% of STD cases attend Government STD clinics
- 90% of STD complaints are treated outside Government facilities
- STD cases are unevenly distributed between the districts of Tamil Nadu

## **Socio-cultural behaviour**

Sexual transmission being the predominant mode, HIV/AIDS mainly strikes adolescents, young adults and people in early middle age.

People who are more vulnerable to STD/HIV infection are:

- Low paid men with outdoor professions
- Commercial sex workers (CSWs)
- Clients of CSWs and their women partners
- Men on the move
- Those engaged in multipartner sexual activity without condom usage

## **Why AIDS control**

AIDS - Acquired Immuno Deficiency Syndrome - is a killer disease. Other diseases, like TB, diarrhoea or malaria, are also life threatening diseases but these are curable and can be prevented. There is no cure for AIDS, as of now and the only remedy is prevention.

AIDS is caused by a virus known as HIV - Human Immunodeficiency Virus - which is lethal.

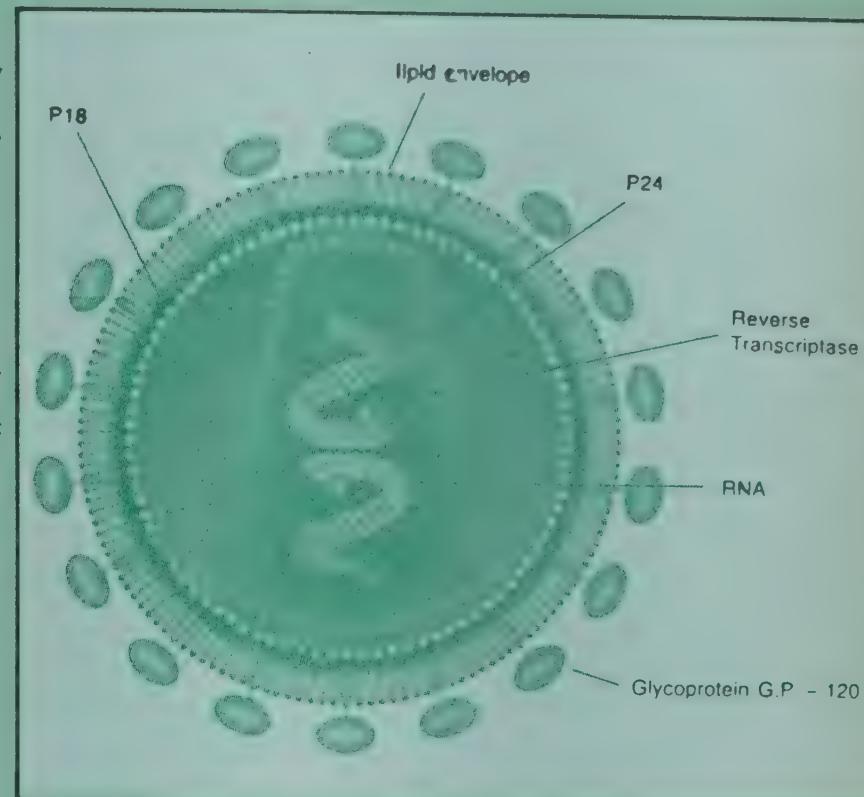
The HIV virus is tiny, much smaller than a hair, and looks more like a sunflower in full bloom.

Viruses cannot multiply on their own. They merely reproduce themselves by latching on to the genetic materials of the host cells. This is what the HIV virus does. It enters the blood stream of the host, attaches itself to the white blood cells and then tends to reproduce itself by integrating into the genetic material of these cells.

The virus, on entry into the human body, tends to impair the immune system, which is the body's main defence/resistance mechanism against invaders. White blood cells are the soldiers that fight against infection in the human body and HIV disables or destroys these white blood cells. When this immune system is damaged, infectious organisms enter the human body unchallenged. This results in opportunistic infections of different kinds finally resulting in the death of the AIDS patient.

The danger is that the HIV virus may be reproducing itself so slowly in the early stages that the immune system may not recognise it for long. The period from infection to development of AIDS is long. There may be no signs or symptoms of AIDS disease for even upto 10 years though the patient is in a HIV Positive status and can infect others. After this period, signs and symptoms of the disease may manifest with immunological paralysis and death.

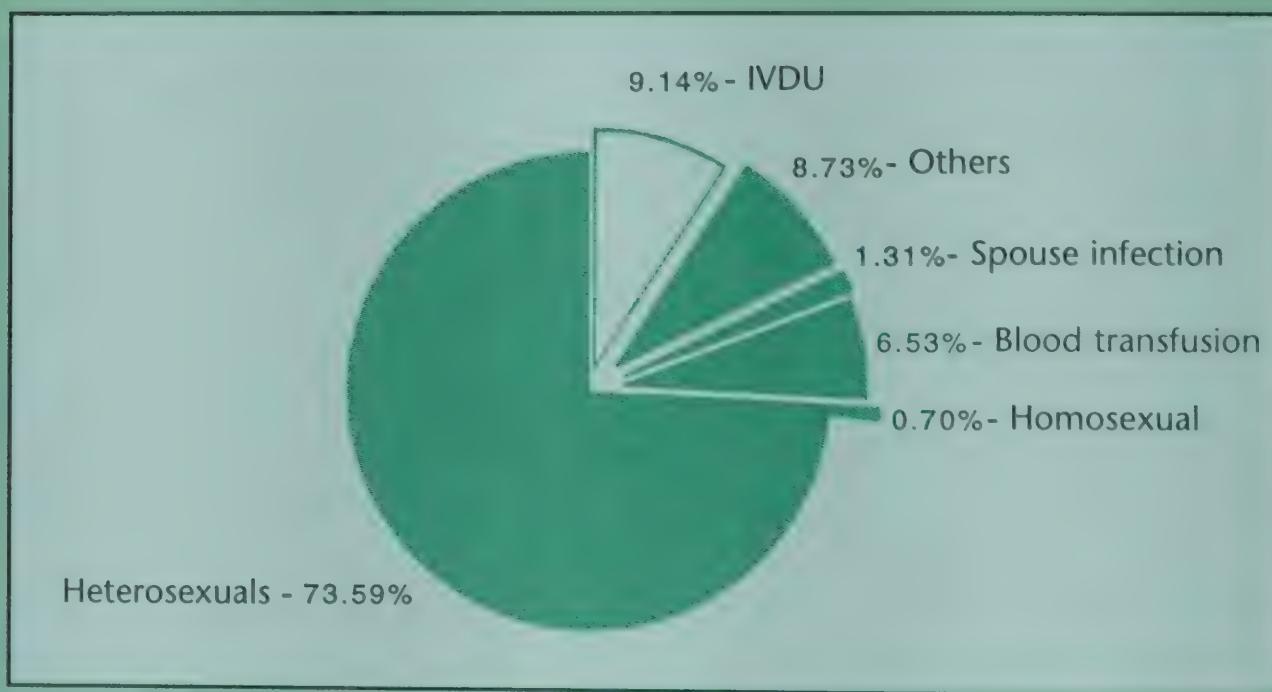
The socio-economic impact of the disease is serious. Since HIV/AIDS affects mostly young adults and people in the early middle age, this has a serious implication on the nation's productive population. Equally serious is the effect on the family and society.



## Transmission route

HIV is transmitted through:

- Sexual intercourse with an infected person
- Infusion of contaminated blood or blood products
- Use of unsterilised needles, by IV drug users and others
- Use of unsterilised instrument for cultural markings, ear - piercing and circumcision, infected razor/blade
- Infected mother to child during pregnancy, at delivery or after birth



HIV does not spread through:

- Shaking hands, hugging or sharing same toilet, office or swimming pools
- Bites of mosquitoes and other insects
- Sharing of clothes, food, glasses, spoons or plates.

Transmission occurs through contact with body fluids, like semen, vaginal fluids and blood.

## **Signs/Symptoms**

AIDS does not manifest any signs but diseases which make entry because of the diminished immunity only manifest as AIDS. These diseases are called opportunistic infections, since the organisms take the opportunity for entry into the HIV infected person's body when his body resistance mechanisms are low.

Tuberculosis is the most common opportunistic infection present in AIDS patients. With HIV infection, tuberculosis cases reportedly increase in a population, as the suppressed immunity allows latent TB infection to become active and those just infected become diseased. A pandemic of tuberculosis reportedly parallels HIV/AIDS pandemic.

Neurologic symptoms also commonly occur during the course of AIDS disease.

Some of the common complaints of AIDS patients are painless swollen glands usually in the neck or armpits which last for at least three months or infections like oral thrush (candidiasis), Herpes Zoster (Shingles) or genital herpes which are recurrent. Weight loss, fatigue and intermittent fever are also common in AIDS.

Persistent diarrhoea or pneumonia which do not respond to treatment are also possible manifestations of AIDS.

Some of these symptoms are common to other illnesses also and may be found in patients without HIV infection as well. But persistent presence of several of these symptoms is a pointer to possibility of AIDS development and calls for clinical examination.

Blood tests for antibodies help in diagnosing HIV infection - screening through ELISA and confirmation through Western Blot. Three consecutive ELISA positives also confirm HIV infection.

## **What are Sexually Transmitted Diseases (STD)**

STD are a group of infectious diseases transmitted essentially through sexual contact. They are more commonly known as venereal diseases (VD). The causative agents are

several - viruses, bacteria, protozoa and fungal agents, which affect the body's reproductive system.

STD have gained more importance for control recently because of their association as a risk factor for AIDS.

STD are the second most common communicable diseases in women in India and have been existing for long; they are nearly as common as malaria. The most widely known STD are gonorrhea and syphilis but there are over 20 other STD conditions.

All STD can be prevented and most can be cured. Despite advances in diagnosis and care, the incidence of STD is on the rise worldwide. Though both men and women are prone to these diseases, women are relatively more susceptible to acquiring the infection and are more likely to suffer the consequences, because of a high chance of transmission from men to women.

The true extent of STD prevalence among the population is, however, not precisely known since many female patients are asymptomatic, that is, they are without any symptoms. Also, many STD patients may not seek proper care due to social, cultural and economic constraints.

In recent times, a change in attitude is slowly emerging with the onset of the AIDS epidemic but the likely contribution of STD to risks of HIV infection is not fully appreciated both by the general public and by the health care providers.

### **Complication due to STD**

The consequences of most STD can be quite devastating on both men and women. The impact is likely to be more harsh on women compared to men. The greatest damage arises out of the sequelae - conditions that result from spread of STD viruses or bacteria to another part of the body from the point of infection.

The principal complications of STD in women and children are:

- Pelvic inflammatory disease (PID)
- Chronic abdominal pain
- Infertility
- Sudden death due to ectopic pregnancy or sepsis
- Spontaneous abortion, dead born or death of new born
- Potentially blinding eye-infections and pneumonia in infants

The likely consequences of STD infection in men are:

- Infertility
- Urethral stricture

It is essential to identify and cure STD adequately and in time. If not, these can become chronic and result in serious complications, increasing the risk of infection with HIV.

Effective management of STD calls for quality care from qualified medical personnel and full compliance with the treatment protocols recommended by them. Self-medication or treatment by quacks will only result in inadequate care with serious implications such as risk of contracting HIV/AIDS.

The likely devastating consequences of STD point to the urgency of proper and timely diagnosis of STD and their cure.

### **Linkage between STD and AIDS**

The presence of STD enhances transmission of HIV when a person is exposed through sexual contact.

There are close links between STD and HIV:

- STD make it easier for HIV to be transmitted from one partner to another. For example, presence of syphilis or gonorrhea may increase HIV transmission by two to nine times while in the presence of a genital ulcer it will be three to nine times

- The dominant mode of transmission is the same, viz. sexual, in both, though there are other less important modes as well for HIV
- The risk of a woman with STD acquiring HIV through sexual intercourse increases manyfold
- The target audience, as also the preventive efforts, are the same
- The population with high risk of acquiring STD is the same as those at risk for HIV/AIDS
- The tradition of confidentiality is valid for both
- STD clinical services are important access points for at-risk-patients of both STD/AIDS for treatment and education
- HIV infection may make people more susceptible to other STD and such STD may become more resistant to treatment

This infectious linkage has, however, a positive factor.

STD can be diagnosed and effectively managed while there is no effective or affordable treatment for HIV.

By controlling STD, transmission of HIV through the sexual route can be effectively controlled by as much as two-fifths.

Also, while it is difficult to track the trends in HIV seroprevalence, trends in STD prevalence and incidence can be tracked without much difficulty and such trends can be taken as early indicators of changes in the sexual behaviour of the population.

Such trends in STD prevalence are also indirect measures of trends of HIV infection in the population.

### **Why STD control**

STD are a fertile ground for HIV. Early diagnosis and care of STD has the potential to reduce transmission of HIV infection in the community.

*The Tanzanian experience with preventive intervention for STD among general population reveals a 42% reduction in HIV incidence with improved STD care.*

This is because HIV itself is an STD as its primary mode of transmission is the sexual route. Nearly 80% of the world's HIV infections are passed through unprotected sexual intercourse. Unfortunately the seriousness of STD or its role as co-factor in HIV has not been fully recognised till recent times.

So far STD control efforts have concentrated more on symptomatic patients and failed to cover effectively persons without visible symptoms, largely women. Sufficient attention has also not been paid to prevention of the infection through proper education, as poor awareness and non-recognition of the symptoms are major causal factors in many STD patients not seeking timely care.

Adequate knowledge of STD as also their control and prevention assume vital significance in any strategy aimed at HIV/AIDS control.

## Sub-Module 3

### STD SYNDROMES

#### Symptoms of STD

Early identification of symptoms is essential for timely cure of STD. It needs recognition that many STD may be latent and remain symptomless for long or manifest only mild symptoms. This is particularly true of some STD in women where they may have no clue at all on their infected status but are capable of transmitting the disease to others. Hence knowledge on some of the manifestations of STD is useful.

The most common signs and symptoms of STD are:

Male	Female
● Pus or discharge from penis	● Abnormal vaginal discharge
● Burning sensation at the time of urination	● Itching in the vaginal area
● Swelling on one or both sides of the groin	● Pain or bleeding during intercourse
● Sores or blisters on the genital	● Pain in lower abdomen

However, in STD conditions, females may remain symptomless and male clients may think that the sex partner is a 'clean' woman.

Some of the signs and symptoms mentioned above may relate to more than one STD.

## Syndromes

The signs and symptoms of STD can be easily recognised through syndromes. A syndrome is a group of symptoms that patients describe, combined with the signs that are observed during examination. Though STD are caused by different organisms, these organisms cause only a limited number of syndromes. By identifying the syndromes STD can be treated. In all the syndromes, the risk of acquiring and transmitting HIV is high if the infected persons are not cured properly and in time.

The common STD syndromes are

Major syndromes	Other syndromes
● Urethral discharge (male)	● Lower abdominal pain in the female
● Vaginal discharge (female)	● Inguinal swelling (both sexes)
● Genital ulcer (both sexes)	● Painful scrotal swelling (male)

### Urethral discharge (male)

This is the most common STD complaint and the signs and symptoms usually begin 2 to 15 days after the male is infected.

The symptoms are

- Whitish or yellowish-green discharge from the penis
- Pain or burning sensation at the time of urination

If not properly cared for, the infection may result in infertility or cause a narrowing of the urethra making it difficult to pass urine later in life.

## STD SYNDROMES



URETHRAL DISCHARGE



VAGINAL DISCHARGE



GENITAL ULCER



INGUINAL SWELLING

## **Vaginal discharge (female)**

In females, vaginal discharge is considered as a normal condition and this needs to be distinguished from abnormal discharge due to infection.

In infected conditions, the symptoms are

- Profuse, frothy, thick and curd like discharge
- Greyish, yellowish or greenish and smelly discharge
- Itching in the vaginal area
- Burning sensation while urinating
- Pain in the lower part of the abdomen and pain during intercourse in some cases

If not cured completely and in time, some of the infections that cause vaginal discharge may result in infertility and ectopic pregnancy.

In pregnant women, untreated white discharge may result in premature delivery, birth of a low weight baby or an infant with eye infections or even blindness.

## **Genital ulcer (both sexes)**

The common complaint is ulcers or sores in the genital area of males and females with or without swelling or pain in the groin.

The ulcers may be single or multiple, painless and have a clean or dirty base which may bleed easily.

If not cured, the infection may cause serious complications later in life in the nervous system and heart.

In pregnant mothers with syphilis, it may cause repeated abortions or babies with birth defects.

## **Other syndromes**

Lower abdominal pain in females may be indicative of Pelvic Inflammatory Disease (PID). Some of the associated symptoms are irregular periods, low grade fever, tenderness in lower abdomen, vaginal discharge and pain during intercourse.

Inguinal Swelling is swelling on either side of the groin and can be the sequelae to genital or anal ulcers, scrotal skin infections or leg infection.

Painful Scrotal Swelling, in most cases, is the sequelae to sexually acquired infection of the urethra (Urethral discharge). There will be severe pain and swelling of the scrotum lasting for a week to ten days. The disease is not to be mistaken with painless swelling of the scrotum due to hydroceles or severe pain resulting from injury to the scrotum.

Half the women with STD may be without any symptoms.

## **High risk groups**

Though any person can acquire STD, certain categories of people are vulnerable to the infection. These categories are not only at risk of acquiring STD but also of transmitting the infection to others. Such vulnerable groups are:

- Commercial sex workers and their clients, like truck drivers, tourists, migrant workers, auto rickshaw drivers, and coolies
- Women or men who have several sexual partners and their spouses
- Men who have sex with men
- Injecting drug users and their sex partners
- Persons whose jobs separate them from their normal sex partners for long periods of time

Even women in monogamous relationship (sex with husband only) are in danger of contracting STD if their regular partners are infected.

It is essential to identify such vulnerable groups, understand their care seeking behaviour, particularly the constraints that they may face in care seeking, and provide counselling and condom services to them.

## *Sub-Module 4*

# **PHARMACIST'S ROLE IN RENDERING STD CARE**

### **STD patient behaviour**

The care seeking behaviour of STD patients is influenced by a variety of factors:

- Lack of symptoms
- Ignorance of STD or failure to notice the symptoms
- Poor accessibility to health facilities
- Hesitation to seek treatment due to social stigma attached to STD
- Self-medication
- Incomplete treatment for reasons of economy
- Ignorance of consequences

### **Why Quality STD Care**

STD, if not diagnosed early and cured, can have serious consequences on the infected persons, in particular women, who are relatively more vulnerable.

Both STD and HIV are becoming a serious public health concern in India.

In view of this, proper and quality STD care deserves emphasis.

## What is Quality STD Care

The components of quality STD care are:

- Syndromic case management
- Counselling
- Follow-up and compliance
- Partner notification and treatment
- Condom promotion

### Syndromic case management

Currently syndromic diagnosis is used in STD care.

In this approach, patients are diagnosed and managed on the basis of groups of symptoms, or syndromes, rather than specific STD.

In the syndromic approach, the health providers treat the patient for all STD that cause a syndrome at the same time.

Such syndromic diagnosis and case management is used as a popular approach by doctors.

### What can pharmacists do

Effective STD management requires prompt diagnosis and timely care if STD transmission from the infected persons to others is to be reduced and the chances of developing complications from the infection are to be minimised.

The sexual partners of STD patients also need appropriate services.

It is here that pharmacists can play a vital role as many patients may prefer to go to them than to the health facilities.

The pharmacists can also be effective health educators for the customers who seek their advice and support.

The services that pharmacists can render would be related to areas such as:

- Early referral
- Counselling
- Treatment compliance
- Partner referral
- Condom promotion

### **Referral**

It is essential to impress on customers, who are STD patients, the need for proper diagnosis and effective treatment for STD conditions to avoid serious complications at a subsequent stage.

For this, such customers are to be encouraged to seek quality care at appropriate facilities.

The pharmacists need to guide such customers to the facilities rendering quality care in their areas.

### **Counselling**

Counselling services offered by the pharmacists need to encourage people to adopt safer sex practices besides educating them on responsible sexual behaviour.

Counselling is not an easy task and many customers may resent it. Still it is an essential, though challenging, task.

This challenge can be met if the pharmacists:

- Respect their customers
- Are non-judgemental
- Are sympathetic to the needs of customers
- Assure confidentiality
- Do not offer counselling across the counter but in privacy

The pharmacists need to educate their customers, in their counselling, on:

- How to recognise STD syndromes
- How important it is to recognise symptoms early and seek proper care
- How STD, if not cured, can increase the risk of HIV/AIDS
- What facilities are available for quality care of STD
- How important it is to undergo full course of treatment prescribed by doctors for permanent cure and to prevent recurrence
- Why self-medication is to be avoided
- How important it is to treat sex partners of infected persons though they are asymptomatic
- Why multiple sex partners are to be avoided
- Why condoms are to be used

The setting of a customer-pharmacist interaction may prohibit elaborate counselling by the latter. Yet an attempt with known customers initially would provide utilisation of an opportunity which is otherwise missed.

It is also an expression of care towards customers which many would find useful.

## **Compliance with treatment**

Self-medication and inappropriate care for STD do result in partial treatment with the risk of reinfection. Such incomplete cure is a major factor in poor STD care resulting in drug resistance.

This has also had the effect of transmission of drug resistant strains among the people.

The causal factors in such incomplete treatment are several:

- Patient considers the treatment costly and hence does not purchase all the medicines prescribed
- Patient believes that not all medicines or dosages prescribed are essential
- Patient does not like to take too many medicines
- Patient feels that the medicines can be discontinued once the symptoms disappear
- Patient does not fully understand the instruction given by the doctor

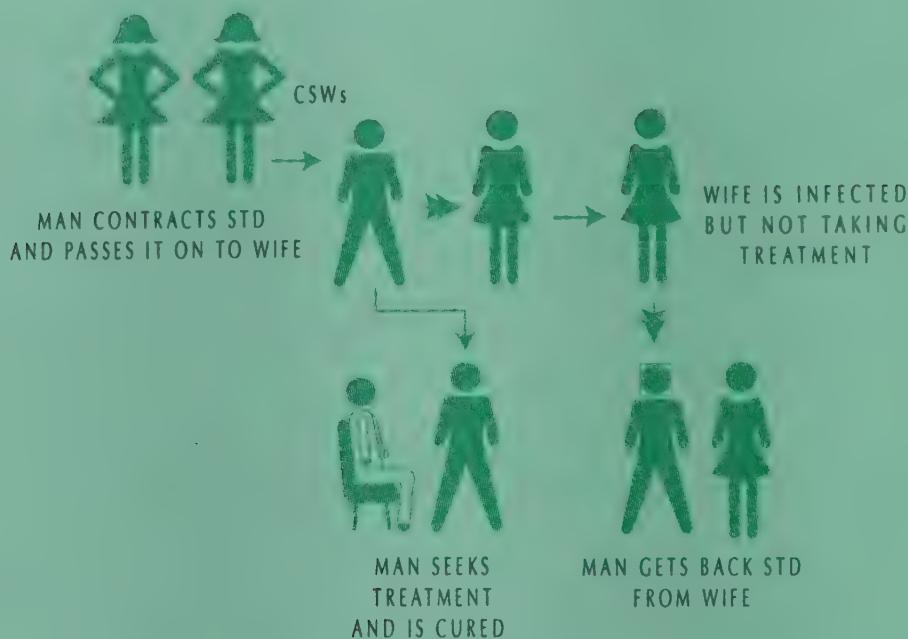
The pharmacists need to educate the patients on the significance of taking complete medication with recommended dosage to ensure proper cure and to avoid recurrence of symptoms.

The pharmacists have to

- Advise patients to consume all the medicines prescribed by the doctor
- Educate patients on treatment schedule given by the doctor
- Advise patients to continue all medicines prescribed, for the entire duration, even if symptoms disappear

## Partner referral

Sexual partners of STD patients need to be treated in order to break the cycle of STD transmission.



Partners may not seek treatment in the normal course for a variety of reasons:

- STD patient may feel uncomfortable in informing the partner about the infection
- Partners may be asymptomatic and hence may feel no need for care
- Partners may not be willing to go to health facility
- Tracing partners may not be easy in the case of CSW

The importance of screening the partners of infected persons, and treating them, to avoid recurrence of the infection needs to be effectively stressed in counselling.

The pharmacists can play vital role in partner referral, by:

- Educating the customers on the possible exposure of the sex partners to the infection.
- Impressing on the need for concurrent treatment of partners
- Facilitating partner treatment

## **Condom use**

Condoms help avoid STD infection as they help prevent contact with vaginal fluids, semen or blood. Consistent use of condom in every act of sexual intercourse is thus an effective preventive measure in spread of STD/HIV.

Condom usage needs to be encouraged by the pharmacists through appropriate education. Besides explaining the benefits of condom use, the pharmacists have also to correct any negative ideas the customers may have about condoms. Where necessary, the customers may have to be educated on how to use a condom correctly.

## **Safe sex**

The pharmacists need to counsel their customers on the ABC of safe sex.

- A – Abstain from pre-and extra-marital sex
- B – Be faithful to your partner
- If not possible, use      C – Condom

## **Ten Commandments of STD**

1. Anybody can get STD, even a baby in the womb from the mother
2. Unprotected sex with multiple sex partners can result in STD
3. STD may be symptomless, more so in women, but are still serious
4. Most STD are curable
5. Always seek quality care for STD
6. Incomplete treatment of STD can result in serious complications
7. Avoid self-medication for STD
8. Ensure treatment of sex partners concurrently for STD even if symptomless
9. Always use condom and protect against STD
10. Attend to STD today and avoid AIDS tomorrow



## *Sub-Module 5*

### **CONDOM PROMOTION**

#### **Why use condoms**

A condom is a sheath made of latex and is available in a rolled form packed in a sterile aluminium foil. It looks like a long thin polythene tube when unrolled. It is closed at the lower end with a teat which collects the semen after ejaculation. When used over an erect penis it prevents the ejaculated sperms and the STD/HIV organisms from entering the vagina.

Condoms result in a double protection:

- Condoms act as barrier against STD/HIV infection or reinfection by preventing contact with semen, vaginal fluids and blood
- Condoms help in contraception

Sexual abstinence can also provide the same type of double benefit but condom use is relatively easy and convenient and can be consistently practised.

Condoms have no side effects and customers can have easy access to condoms in the drug stores nearby.

When used consistently and correctly, condoms provide an effective barrier against STD/HIV infection or reinfection.

Despite these benefits, condom usage does not appear to be a common practice among persons having risk of STD or HIV infection.

Several factors have contributed to resistance in use of condoms:

- Embarrassment and shyness in open purchase of condom
- Embarrassment and shyness in open sale of condom
- Fear of causing irritation to sexual partner during intercourse
- Feeling that condoms mean distrust, immorality or disease
- Fear that sexual satisfaction will be lessened
- Lack of knowledge on protection against STD
- Cost factor

Currently condom use is to a large extent for prevention of conception. The effectiveness of condom in avoidance of STD infection needs emphasis with a conscious effort at inducing an attitudinal change in the population.

Encouragement of condom usage involves:

- Education on the beneficial effects of condoms including disease protection
- Clarifying the myth that condoms will make sex less enjoyable
- Highlighting availability of a variety of condoms - scented, dotted, ribbed and ultra thin - which may help overcome the psychological feeling of reduced sexual satisfaction
- Advising on correct and consistent use of condoms

### **Condom promotion**

What is required is appropriate promotion of condoms to the high risk behaviour group.

Sufficient importance is not given to condoms among the products handled by the pharmacists. Their potential as a protective barrier against STD and HIV/AIDS is not yet fully recognised. The pharmacists need to develop a positive attitude towards condom promotion.

Condom purchase and usage can be encouraged by establishing a conducive environment at the drug stores. The factors that will help here are:

- Knowledge of availability of the range of condoms
- Proper stocking of different varieties
- Prominent display of condoms and their posters
- Willingness to discuss freely with the customers about the different varieties and their features
- Willingness to sell condoms openly across the counter to either gender

The pharmacists are to be aware of the range of products available and their features so that they can properly educate their customers.

The popular brands, and the features, that are available are

### **Brand**

- Kohinoor
- Kama Sutra
- Moods
- Nirodh
- Nirodh Delux
- Super Delux Nirodh
- Fiesta
- Ustad
- Champ
- Sajan
- Mid Night Cowboy

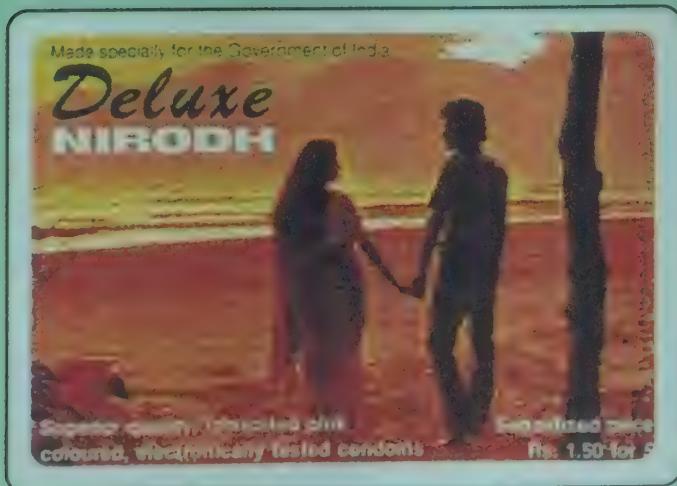
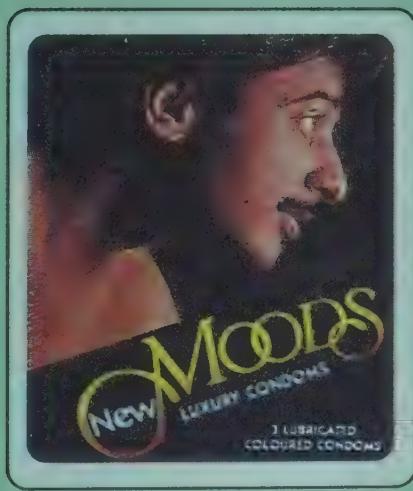
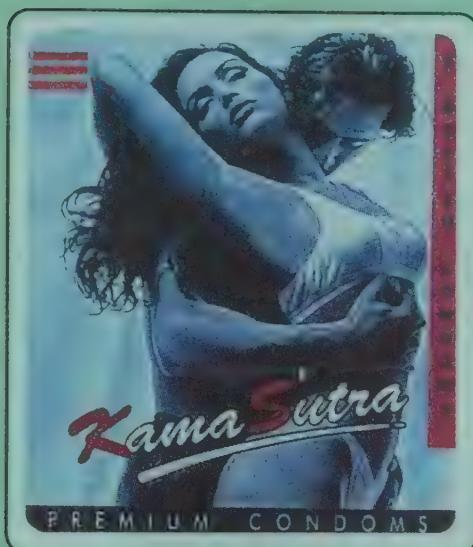
### **Features**

- Scented
- Dotted
- Ribbed
- Ultra Thin
- Lubricated
- Coloured

### **Packing**

- Packs of 3, 4, 5, 6, 10, 15 & 20

## CONDOM BRAND PROFILE



As part of the promotional efforts, it is also essential for the pharmacists to educate the customers on how to use the condoms correctly and, if necessary, be prepared to demonstrate the correct way to use a condom.

### **Condom care**

Two aspects of condom care that need emphasis are proper storage and correct usage.

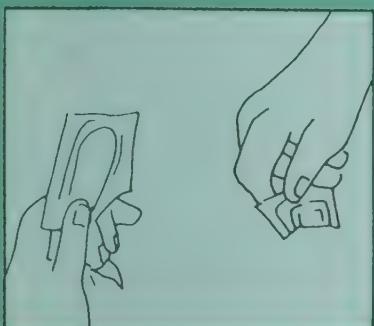
The steps that need stress in condom care are

- Condoms are to be stored in a cool dark place away from heat, light and moisture
- If lubrication is required, water based lubricants are safe to use. Oil based lubricants, like cold cream, baby oil or vaseline, are to be avoided as they damage the latex

Proper usage practices need to be instilled in the potential condom users.

- The condom pack is to be opened carefully without damaging the condom
- The condom is to be worn only after the penis becomes erect and the tip of the condom is to be fixed on the erect penis
- By holding the tip the condom is to be unrolled slowly to its full length to cover the penis completely
- It is to be ensured that the condom is in position before commencing intercourse
- After ejaculation the penis is to be withdrawn slowly holding the bottom of the condom
- The condom is to be removed carefully without spilling the semen
- The used condom is to be thrown away and not reused. A new condom is to be used during each intercourse

## PROPER USAGE OF CONDOM



1 Open the pack carefully without damaging the condom. Wear the condom only after penis becomes fully erect



2 Press the tip of the condom and fix it on the erect penis



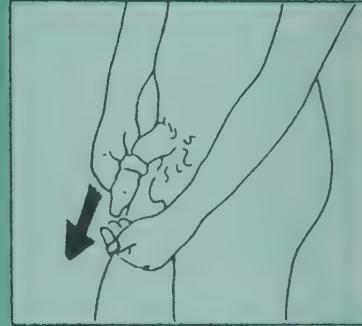
3 Hold the tip of the condom and slowly unroll it to full length so that the penis is completely covered



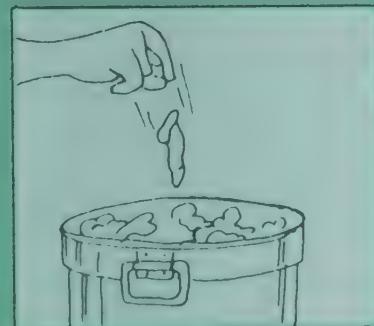
4 Ensure that the condom is in position before commencement of sexual intercourse



5 After ejaculation hold the bottom of the condom and gently withdraw the penis



6 Remove the condom carefully without spilling the semen



7 Dispose off the used condom in the garbage bin. Do not reuse

- ☞ Always use condom during sexual intercourse
- ☞ Dispose off used condoms and do not reuse them
- ☞ Use condoms within the expiry date
- ☞ Before use ensure that the condom is intact and undamaged

While counselling on condom use, the following factors need to be emphasised:

- Condom is to be used always during sexual intercourse
- Used condoms are to be disposed. They should not be reused
- Condoms are to be used within the expiry date
- It is to be ensured before use that the condom is intact and not damaged

Concurrently people are to be advised on adoption of precautionary measures for condom failures.

Some of the reasons for condom failure are:

- Inconsistent use - if condoms are not used in every act of intercourse it will not provide the expected benefit of protection against STD/HIV
- Incorrect use - mistakes leading to tear; condoms unrolled before the penis is erect; trying to put on a condom with the rolled rim held toward body rather than away from it
- Tearing the condom packet in the middle with fingernails damaging the piece inside
- Reusing condoms
- Other unprotected contacts, like starting the intercourse and then withdrawing to put on condom; not holding the condom rim while withdrawing after ejaculation or allowing condom to slip off spilling semen into the vagina

- Breaks in condoms - the extent of breakage depends on the length and vigour of sexual intercourse and generally more breaks occur with inexperienced users
- Using date expired condom
- Use of improperly stored condoms

Proper storage and handling of condoms at the pharmacy outlets is also an important factor in condom care. The storage conditions are to be appropriate and adequate and the condoms stored are to be protected from heat, light and moisture to prevent deterioration in quality. The expiry dates of the condoms also need to be monitored regularly by the pharmacists to ensure that date expired condoms are not left in stock.

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